

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3777

BIRTH NO. _____		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>5031</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Cuivre Township</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Cuivre Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mi. N.W. of Farber, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>1 mi. N.W. Farber Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Annie</u>		b. (Middle) <u>Elizabeth</u>		c. (Last) <u>Fox</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>March, 13, 1872</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Audrain County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Paris</u>		13b. MOTHER'S MAIDEN NAME <u>Lila Pierce</u>		14. NAME OF HUSBAND OR WIFE <u>Raymond O. Fox</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>499-28-4220</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lewia M. Fox</u> ADDRESS <u>Farber, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Endocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Cholecystitis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>7 day</u> <u>2 yr.</u> <u>585X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 1</u> , 19 <u>48</u> , to <u>Feb 22</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb 22</u> , 19 <u>50</u> , and that death occurred at <u>1:40 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>N. B. Bize</u>		(Degree or title) <u>DO</u>		23b. ADDRESS <u>Ladonia Mo.</u>		23c. DATE SIGNED <u>2-27-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 25, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ladonia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ladonia Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 28 1950</u>		REGISTRAR'S SIGNATURE <u>Nellie Fugua</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Willow Biedhoff-Ladonia, Mo.</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAR 2

District Health Officer No.

District File Number 2-50-3

Date Filed MAR 2 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Clyde C. Wilkey*

Licensed Embalmer No. 3820

P. O. Address *Perry, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.